

Resident Agreement/Consent to Services

The primary goal of the shelter is to provide safety, shelter, and substance abuse/family re-unification services. You will be offered a variety of services required by the program with the goal of maintaining sobriety, preventing future homelessness, the development of parenting skills, and obtaining permanent housing.

I, _____ agree to live at _____.
(Name of Resident) (Name of Program)

As a member of the program I have read and understand and agree to the following:

1. I will follow the policies, basic rules, responsibilities, and consequence systems of the program and have received a copy of these.
2. I am willing to participate in the family substance abuse shelter program for _____ months. I will work with staff to develop a family life plan which may include goals in the area of recovery, parenting, lifeskills, and personal development. Services may include individual, group, and family counseling and participation in AA/NA or other recovery self-help groups.
3. I will involve my child/ren in the recovery process and allow them to engage in therapy and any other recommended activities.
4. I will report changes in my and/or my childrens' conditions to those responsible for my or my childrens' care and welfare.
5. I have rights which have been explained to me. I have been given a written copy of those rights. *[I know the name of and understand the role of the Human Rights Officer in the program and understand that I shall be given the opportunity to meet with her to review my rights. (optional)]*
6. I understand that participation in the _____ is voluntary and I may leave
(Name of program)
the program at any time. I understand that if DSS retains custody of my child that I may be asked to leave my child with a DSS worker if I leave. I understand that I will not be forced to live here.
7. I agree to take and give my children medication as prescribed by my doctor while in the program according to the program's guidelines.
8. Failure to follow the rules may result in my being terminated from the program and its services.
9. By virtue of signing this agreement, I understand that I am consenting to admission to a family substance abuse shelter program.

Signature of Resident

Date

Staff Witness

Date

